



General Assembly

***Substitute Bill No. 6709***

*January Session, 2001*

***AN ACT CONCERNING MEDICAL CARE FOR WOMEN WITH BREAST OR CERVICAL CANCER.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. Section 17b-278b of the general statutes is repealed and  
2       the following is substituted in lieu thereof:

3       (a) [To the extent authorized by federal law, the] The Commissioner  
4       of Social Services [may] shall provide coverage under the Medicaid  
5       program in accordance with Public Law 106-354 to women diagnosed  
6       with breast or cervical cancer. The commissioner shall seek any federal  
7       waivers or amend the state Medicaid plan as necessary in order to  
8       secure federal reimbursement for the costs [to such plan] of providing  
9       [treatment and other medical services to women diagnosed with breast  
10      or cervical cancer under the breast and cervical cancer early detection  
11      and treatment referral program established under section 19a-266]  
12      coverage under the Medicaid program to such women. Such coverage  
13      shall not be dependent on the available income or assets of an  
14      applicant.

15      (b) To qualify for medical assistance under this section, a woman  
16      shall: (1) Have been screened for breast or cervical cancer under the  
17      Centers for Disease Control and Prevention's National Breast and  
18      Cervical Cancer Early Detection Program and found to be in need of  
19      treatment for breast or cervical cancer, including a precancerous

20 condition of the breast or cervix; (2) not otherwise have creditable  
 21 coverage, as defined in 42 USC 300gg(c); (3) not have attained the age  
 22 of sixty-five years; (4) not be eligible under any mandatory Medicaid  
 23 eligibility group; and (5) be a resident of this state and a United States  
 24 citizen or a qualified alien, as defined in Section 431 of Public Law 104-  
 25 193.

26 (c) The commissioner shall deem an applicant who has been  
 27 determined eligible for medical assistance under this section as having  
 28 been eligible for up to three months prior to the month in which an  
 29 application was filed if the requirements in subsection (b) of this  
 30 section were met during such three-month period. An individual  
 31 determined eligible for medical assistance under this section shall  
 32 remain eligible until the individual's course of treatment is completed  
 33 or until eligibility criteria are no longer met. The commissioner shall  
 34 establish procedures for the granting of presumptive eligibility in  
 35 order to ensure prompt access to services for applicants.

36 (d) The Commissioner of Social Services shall implement policies  
 37 and procedures necessary to carry out the provisions of this section  
 38 while in the process of adopting such policies and procedures in  
 39 regulation form, provided notice of intention to adopt the regulations  
 40 is published in the Connecticut Law Journal within twenty days of  
 41 implementation of such policies and procedures. Such policies and  
 42 procedures shall be valid until the time final regulations are effective.

43 Sec. 2. This act shall take effect from its passage.

<b>HS</b>	<i>Joint Favorable Subst. C/R</i>	APP
<b>APP</b>	<i>Joint Favorable</i>	